



DATE: July 31, 2007

TO:

FROM: TERESA BELLO-JONES, J.D., M.S.N, R.N.  
Executive Officer

**RE: INITIATING A BOARD APPROVED PROGRAM**

The Board of Vocational Nursing and Psychiatric Technicians appreciates your interest in the commencement of a Board approved program. Enclosed for your convenience is an application package as you requested. The Board recommends that the enclosed information be reviewed thoroughly.

Please carefully read the enclosed forms and instructions. **The program approval process takes a minimum of nine months.** Board approval of a program director is required in order to initiate the review/approval process.

Please contact the Board if further information is needed.

Enclosures

## **PROCEDURES FOR INITIAL APPROVAL OF A NEW PROGRAM**

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) is authorized to approve vocational nursing and psychiatric technician programs in California.

The program approval process takes a **minimum of nine months**. The time required to complete the review process may vary. Components that impact approval include the quality of the proposal, the timely submission of required revisions, organization and formatting of material, and other necessary program documents.

Before the assistance of a Nursing Education Consultant is requested, you should:

1. Order a copy of the law for the program you wish to establish, using the enclosed form, number 56M-1.
2. Familiarize yourself with the provisions of the Vocational Nursing Practice Act or the Psychiatric Technicians Law and their respective regulations. For a Vocational Nursing Program or a Psychiatric Technician Program, see Article 5 of the respective rules and regulations.
3. Complete the **Application for Approval of a Board Program (Form 55M-15)** and attach it to the completed **Faculty Approval Form (55M-10)** for the director candidate.

The Faculty Approval Form must be accompanied by the following supporting documentation:

- A. A copy of the current, active Registered Nurse license on which the license number and expiration date are clearly shown.
- B. A copy of the certificate or transcript which shows that a baccalaureate (or higher) degree has been awarded.
- C. A copy of transcripts showing completion of courses from an accredited school in administration, teaching, and curriculum. If transcripts do not **clearly indicate** the course content, please send a school catalog description of the course(s).

The director must meet the requirements of Section 2529 (VN) or Section 2584 (PT) of the Rules and Regulations, and must be Board approved before he/she begins program development with the Board's Nursing Education Consultant.

## **Role of the Nursing Education Consultant**

The Nursing Education Consultant ensures that the Board-approved director develops curriculum, school policies and other required documents, and obtains faculty and clinical facilities in accordance with Article 5 of the Vocational Nursing or Psychiatric Technician Rules and Regulations. **The program approval process takes a minimum of nine months.**

The Nursing Education Consultant **is responsible for determining that all program materials are in FINAL FORM. A program packet must be in final form by the fifteenth day of the second month that precedes the month of the meeting at which the proposal is to be presented to the Board or the Executive Officer.** A Board consultant's determination that the program's proposal is in final form occurs ONLY after the Board consultant and program director have adequate time to review and discuss any and all program materials, the director has adequate time to make the revisions as indicated and return the revisions to the Board consultant, and the Board consultant makes a final review and approval of all program materials.

**One printed copy and one compact disk copy of the final form of the program proposal** must be submitted to the Board's Sacramento Headquarters by the fifteenth day of the second month that precedes the month during which the program's report will be presented to the Board. Faculty and facility approval forms are to be submitted in duplicate, as directed on the form.

Facility forms must include the correct name, telephone number and e-mail address of the facility staff member who is responsible for student placements within the site. The Board contacts the student placement coordinators to confirm certain information; therefore, these individuals should be encouraged to return Board phone calls and respond to e-mail messages as soon as possible.

The Board encourages you to allow enough time for the development of a comprehensive quality curriculum. Please **DO NOT advertise** that your proposed program is approved or accredited by the Board until such action formally occurs and you receive documentation from the Board confirming the approval to admit the initial class. Please DO NOT accept students into the proposed program until you receive notice of formal approval from the Board. A specific start date for the proposed program cannot be mutually determined until the Board consultant has reviewed the proposal. Additionally, acquisition of clinical sites for student experience should be pursued by the program director early in the development process. Acquisition may be difficult, but adequate clinical sites **MUST** be available. **The program approval process takes a minimum of nine month.**

## **CONTENT TO BE SUBMITTED IN PROPOSAL**

The following items (#1-#21) must be addressed in the proposal for a **VOCATIONAL NURSING PROGRAM** or a **PSYCHIATRIC TECHNICIAN PROGRAM**.

1. **Philosophy** of the program.

This should include the following concepts related to the program:

- a) Man
- b) Society
- c) Health
- d) Wellness
- e) Illness
- f) Education
- g) Teaching
- h) Learning

2. **Conceptual framework.**

This is the running thread used throughout the program that guides the overall structure of the curriculum and reflects the philosophy of the program. It may be based on a nursing theory, the nursing process or another model.

3. **Terminal objectives.** Expected student outcomes upon successful completion of the program.

4. **Curriculum objectives.** Broad objectives for student outcomes based on major groupings of courses or levels within the program.

5. **Course outlines.**

6. **Course objectives.** Specific objectives for essential elements within separate courses.

The course outlines and objectives reflect instruction of entry-level competencies that are within the vocational nurse scope of practice. Both the outlines and objectives indicate the expectation of progressive mastery of subject matter.

7. **Instructional plan** that includes the following:

- A. Plan identifying courses to be taught each term.
- B. Overall plan showing correlation of theory and clinical experiences on a weekly basis for the entire program.
- C. Hours per week of theory and clinical content for the entire program.
- D. Total theory hours of instruction.
- E. Total clinical hours of instruction.
- F. Number of clinical hours for evenings.
- G. Number of weeks in the program.
- H. Clinical rotation plan for entire program.
- I. Week of program in which students will begin clinical rotations.
- J. Week of program in which students will begin documentation on patient charts.
- K. Week of program in which students will begin administering medications in the clinical setting.
- L. Days allotted for student make-up of theory and clinical objectives.

**FOR VOCATIONAL NURSING PROGRAMS ONLY**, the Instructional Plan must also include:

M. Number of theory and clinical (if applicable) hours for the following content:

- 1) Anatomy and physiology
- 2) Nutrition
- 3) Psychology
- 4) Normal growth and development
- 5) Nursing fundamentals
- 6) Nursing process
- 7) Communication
- 8) Patient education
- 9) Pharmacology, which shall include:
  - (A) Knowledge of commonly used drugs and their action
  - (B) Computation of dosages
  - (C) Preparation of medications
  - (D) Principles of administration
- 10) Medical-surgical nursing
- 11) Communicable diseases, which shall include but not be limited to Human Immunodeficiency Virus (HIV)
- 12) Gerontological nursing
- 13) Rehabilitation nursing
- 14) Maternity nursing
- 15) Pediatric nursing
- 16) Leadership
- 17) Supervision
- 18) Ethics and unethical conduct
- 19) Critical thinking
- 20) Culturally congruent care
- 21) End-of-life care

Revised 6/07

**FOR PSYCHIATRIC TECHNICIAN PROGRAMS ONLY**, the Instructional Plan must also include:

M. Number of theory and clinical hours for the following content:

- 1) Anatomy and physiology
- 2) Nutrition
- 3) Psychology
- 4) Normal growth and development
- 5) Nursing process
- 6) Communication
- 7) Nursing science, which shall include:
  - (A) Nursing fundamentals
  - (B) Medical-surgical nursing
  - (C) Communicable diseases, to include but not be limited to Human Immunodeficiency Virus (HIV)
  - (D) Gerontological nursing
- 8) Patient education
- 9) Pharmacology, which shall include:
  - (A) Knowledge of commonly used
  - (B) Computation of dosages
  - (C) Preparation of medications
  - (D) Principles of administration
- 10) Classifications, treatment programs, and interventions for developmental disabilities.
- 11) Classifications, treatment programs, and interventions for mental disorders, which shall include addictive behaviors and eating disorders.
- 12) Leadership
- 13) Supervision
- 14) Ethics and unethical conduct
- 15) Critical thinking
- 16) Culturally congruent care
- 17) End-of-life care

Revised 6/07

**FOR BOTH VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIAN PROGRAMS:**

8. Evaluation methodology for the curriculum.
9. Faculty who meet the qualifications set forth in Section 2529 (Application forms to be submitted in duplicate, including supporting documentation for licensure, degrees, teaching credential and required courses).
10. Clinical facilities (Information forms to be submitted in duplicate, including clinical objectives to be achieved in facility and the plan for instructor orientation).
11. Evaluation methodology for clinical facilities.
12. Admission criteria.
13. Screening and selection criteria
14. Number of students per class and frequency of admissions.
15. Evaluation methodology for student progress.
16. Student policies:
  - A. Credit granting
  - B. Attendance
  - C. Grievance
17. Organizational chart.
18. Proposed starting date.
19. Evidence of program resources to include, but not be limited to:
  - A. Description of the geographic area and community to be served by the proposed program;
  - B. Clinical affiliations available for student clinical experience; and
  - C. Existing nursing and psychiatric technician programs with which clinical affiliations are shared.
20. Logistical support, including but not limited to:
  - A. Operable sink with running water in skills lab
  - B. Sufficient equipment and supplies in skills lab
  - C. Library (textbooks, current nursing periodicals, instructional media)
21. Student support services, including but not limited to:  
Tutorial services for academic improvement  
Resources for personal support relative to child and family care, fiscal matters, and transportation needs

Enclosures include:

1. Statutes, Rules and Regulations Purchase Order (Vocational Nursing Practice Act or Psychiatric Technicians Law)
2. Clinical Facility Approval Application - may be reproduced
3. Faculty Approval Application - may be reproduced
4. Guidelines for Development of an Instructional Plan
5. Sample Instructional Plan and Blank Form

Revised 6/07

**Board of Vocational Nursing and Psychiatric Technicians**

**STATUTES, RULES AND REGULATIONS PURCHASE ORDER**

\*\*\*\*\*

To purchase a copy of the Statutes, Rules and Regulations, please complete the information below and mail to the Board at:

B V N P T  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833-2945

(Please allow 3-4 weeks for processing)

\*\*\*\*\*

**VOCATIONAL NURSING PRACTICE ACT  
with RULES AND REGULATIONS**

**-Number of copies \_\_\_\_\_ X \$5.00 each = \_\_\_\_\_**

**PSYCHIATRIC TECHNICIANS LAW  
with RULES AND REGULATIONS**

**-Number of copies \_\_\_\_\_ X \$5.00 each = \_\_\_\_\_**

MAKE CHECK PAYABLE TO: B V N P T (Board of Vocational Nursing and Psychiatric Technicians)

TOTAL AMOUNT ENCLOSED \_\_\_\_\_  
Please type or print

NAME:	OFFICE USE ONLY
ADDRESS:	
CITY, STATE, ZIP:	
ATTENTION:	
DAYTIME PHONE:	
	Amount enclosed
	Receipt number
	Number of copies
	Date mailed

56M-1(6/07)



<p style="text-align: center;"><b>Board of Vocational Nursing and Psychiatric Technicians</b> <b>Guidelines for Development of an Instructional Plan</b></p>
--

**Definition:** The instructional plan is a comprehensive outline of the curriculum that visually demonstrates correlation of theory and clinical experience on a weekly basis.

**Purpose:** Identify the placement of specific content and time periods in the curriculum.

**Regulation:** Section **2526(a)(7)** of the Vocational Nursing Rules and Regulations and **Section 2581 (a)(7)** of the Psychiatric Technician Rules and Regulations state:

“The institution shall apply to the Board for accreditation. Written documentation shall be prepared by the director and shall include:

...  
7. Instructional Plan  
...”

In addition, **Section 2530(f)** of the Vocational Nursing Rules and Regulations and **Section 2585(f)** of the Psychiatric Technician Rules and Regulations state:

“The program’s instructional plan shall be available to all faculty.”

## **Recommended Elements to be Included in an Instructional Plan**

- Hours per week of theory and clinical content for the entire program.
- Total number of theory hours.
- Total number of clinical hours.
- Number of clinical hours for evenings and nights.
- Number of weeks in the program.
- Clinical rotation plan for the entire program.
- Notation of the weeks in which students will start the following activities:
- Clinical rotations
- Documentation on patient charts
- Medication administration in the clinical setting
- Days allotted for student make-up of theory and clinical objectives.

### **ADD FOR VOCATIONAL NURSING PROGRAMS:**

- Number of theory and clinical (if applicable) hours for the following content:
  - A. Anatomy and physiology
  - B. Nutrition
  - C. Psychology
  - D. Normal growth and development
  - E. Nursing fundamentals
  - F. Nursing process
  - G. Communication
  - H. Patient education
  - I. Pharmacology, which shall include:
    - 1) Knowledge of commonly used drugs and their actions
    - 2) Computation of dosages
    - 3) Preparation of medications
    - 4) Principles of administration
  - J. Medical-surgical nursing
  - K. Communicable diseases, which shall include by not be limited to Human Immunodeficiency Virus (HIV)
  - L. Gerontological nursing
  - M. Rehabilitation nursing
  - N. Maternity nursing
  - O. Pediatric nursing
  - P. Leadership
  - Q. Supervision
  - R. Ethics and unethical conduct
  - S. Critical thinking
  - T. Culturally congruent care
  - U. End-of-life care

## **ADD FOR PSYCHIATRIC TECHNICIAN PROGRAMS:**

- Number of theory and clinical (if applicable) hours for the following content:
  - A. Anatomy and Physiology
  - B. Nutrition
  - C. Psychology
  - D. Normal growth and development
  - E. Nursing process
  - F. Communication
  - G. Nursing science, which shall include:
    - 1) Nursing fundamentals
    - 2) Medical-surgical nursing
    - 3) Communicable disease, which shall include but not be limited to Human Immunodeficiency Virus (HIV)
    - 4) Gerontological nursing
  - H. Patient education
  - I. Pharmacology, which shall include:
    - 1) Knowledge of commonly used drugs and their actions
    - 2) Computation of dosages
    - 3) Preparation of medications
    - 4) Principles of administration
  - J. Classifications, treatment programs and interventions for developmental disabilities
  - K. Classifications, treatment programs and interventions for mental disorders, which shall include addictive behaviors and eating disorders.
  - L. Leadership
  - M. Supervision
  - N. Ethics and unethical conduct
  - O. Critical thinking
  - P. Culturally congruent care
  - Q. End-of-life care



## APPLICATION FOR APPROVAL OF A BOARD PROGRAM

☐ Vocational Nursing

☐ Psychiatric Technician

☐ Full Time

☐ Part Time

☐ Community College

☐ Adult School

☐ R.O.P.

☐ Private

☐ Hospital-based

☐ Other

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Administrator: \_\_\_\_\_

Administrator's Office Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Extension) \_\_\_\_\_

Proposed Program Director: \_\_\_\_\_

Director's Office Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Extension) \_\_\_\_\_

Person responsible for developing program proposal if not the proposed director named above:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

*A Faculty Approval Application for a "director" candidate must accompany this application. Without a Board-approved director, a nursing education consultant will not be assigned and Board review of program materials will not occur.*

Signature of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_



# Vocational Nursing or Psychiatric Technician Program

## Curriculum Content

### Instructional Plan: Term I

**Unit Title: Introduction to Pharmacology**

**Theory Hours this week: 12**

**Week 10**

**Clinical Hours this week: 24**

Curriculum Content/Hrs	Theory Objectives	Content Outline	Methods of Instruction	Assignments	Clinical Hours	Skills Lab/Clinical Objectives
	Mastery of Content in this unit will enable the student to:					Upon completion of this unit the student will:
PHARM/.5	1. Identify systems of measurement used to administer medications	I. Measurement Systems A. Apothecary B. Metric C. Household	Lecture Discussion Reading Transparencies Study Guide Audiovisual Aids Demonstration	Christensen Ch. 21 pp. 485-494	16	In the clinical setting: 1. Review medication orders of assigned patient. 2. Write medication cards for each medication for assigned patient. 3. Relate medications to patient's condition 4. Identify the route of administration for assigned patient's medications.
PHARM/.5	2. State the units of measure used in the Apothecaries system.	II. Apothecary System of Measurement A. Liquid Measurement 1. minim 2. fluid dram 3. fluid ounce 4. pint 5. quart 6. gallon B. Solid Measurement 1. grains 2. dram 3. ounce 4. pound 5.	Methods of Evaluation  Testing Case Studies Return Demos Group Presentation Role Playing Instructor Observation Critical Thinking	Scherer Ch. 3	8	In the skills lab: 1. Correctly perform dosage conversions for the following systems of measurement. • Apothecary System • Metric System • Household System 2. Calculate medication dosages from a given set of problems with 100% accuracy.
PHARM/.5	3. Identify the units of measure used in the Metric System	III. Metric System of Measurement A. Volume 1. milliliter 2. liter 3. cubic centimeter				

Key:

<b>For All Programs:</b>	NP Nursing Process	CCC Culturally Congruent Care	M/S Medical/Surgical Nursing
A/P Anatomy and Physiology	PE Patient Education	EOL End-of-Life Care	REH Rehabilitation Nursing
CDIS Communicable Diseases	PHARM Pharmacology	<b>For VN Programs only:</b>	<b>For PT Programs only:</b>
COM Communication	LDR Leadership	FUN Nursing Fundamentals	NS Nursing Science Fundamentals
NUT Nutrition	SUP Supervision	MAT Maternity Nursing	MD Mental Disorders
PSY Psychology	ETH Ethics and Unethical Conduct	PED Pediatric Nursing	DD Dev. Disabilities
G/D Normal Growth and Development	CT Critical Thinking	GER Gerontological Nursing	

**Program  
Curriculum Content  
Instructional Plan: Term I**

**Unit Title:** \_\_\_\_\_

**Theory Hours this week:** \_\_\_\_\_

**Week** \_\_\_\_\_

**Clinical Hours this week:** \_\_\_\_\_

Curriculum Content/Hrs	Theory Objectives	Content Outline	Methods of Instruction	Assignments	Clinical Hours	Skills Lab/Clinical Objectives
	Mastery of Content in this unit will enable the student to:					Upon completion of this unit the student will:

Key:

<b>For All Programs:</b>	NP	Nursing Process	CCC	Culturally Congruent Care	M/S	Medical/Surgical Nursing
A/P	PE	Patient Education	EOL	End-of-Life Care	REH	Rehabilitation Nursing
CDIS	PHARM	Pharmacology	<b>For VN Programs only:</b>		<b>For PT Programs only:</b>	
COM	LDR	Leadership	FUN	Nursing Fundamentals	NS	Nursing Science Fundamentals
NUT	SUP	Supervision	MAT	Maternity Nursing	MD	Mental Disorders
PSY	ETH	Ethics and Unethical Conduct	PED	Pediatric Nursing	DD	Dev. Disabilities
G/D	CT	Critical Thinking	GER	Gerontological Nursing		



## FACULTY APPROVAL APPLICATION

**SUBMIT FORM IN DUPLICATE PRIOR TO DATE OF APPOINTMENT.** This information is required under Business and Professions Code, Division 2. All information requested is mandatory. Failure to provide this information will result in the application being rejected as incomplete. Submit a separate form for faculty members teaching in both the Vocational Nurse (VN) and Psychiatric Technician (PT) Programs (if applicable).

### FOR BOARD USE ONLY

Date Approved:

Approved By:

Section:

**PRINT OR TYPE (DO NOT USE PENCIL)**

1. NAME OF SCHOOL	2. TYPE OF PROGRAM:  <input type="checkbox"/> VN Program <input type="checkbox"/> PT Program			
3. NAME OF FACULTY APPLICANT:	4. POSITION TITLE:  <input type="checkbox"/> Director <input type="checkbox"/> Instructor <input type="checkbox"/> Teacher Asst. <input type="checkbox"/> Asst. Director <input type="checkbox"/> Additional Faculty			
5. EMPLOYMENT STATUS:  <input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time	6. TEACHING ASSIGNMENT:  <input type="checkbox"/> Teaching "Theory" Content Only <input type="checkbox"/> Teaching "Clinical" Content Only <input type="checkbox"/> Teaching "Both" Theory/Clinical Content <input type="checkbox"/> Substitute for <input type="checkbox"/> Theory <input type="checkbox"/> Clinical			
7. CALIFORNIA LICENSE NUMBER INFORMATION:  <input type="checkbox"/> RN License#: _____ <input type="checkbox"/> LVN License#: _____ <input type="checkbox"/> PT License#: _____ Expiration Date: _____ Expiration Date: _____ Expiration Date: _____				
8. <b>TEACHING COURSE:</b> <i>For faculty positions which require a teaching course, please submit evidence of completion or current attendance (for instructors only) in a teaching course. A copy of a certificate of completion or transcript from an accredited institution must be submitted. If the course content in <b>teaching</b> is not clear, please submit a copy of the catalog course description.</i>				
9. SUBMIT A COPY OF THE FOLLOWING DOCUMENTS: {See California Code of Regulations (CCR), Sections 2529(c)(3) faculty qualifications (VN Program); Sections 2584 (c)(3) faculty qualifications (PT Program)}.  <input type="checkbox"/> Current, Active California Professional License: <input type="checkbox"/> Baccalaureate degree from accredited school, university or college (attach school transcript which shows date degree conferred OR copy of college or university diploma); <input type="checkbox"/> Teaching credential (attach copy) OR <input type="checkbox"/> Check here if applicant meets community college or state university teaching requirements.				
<b>NOTE:</b> Do NOT submit copies of driver's license, social security card, passport or other personal information.				
<b>10. PROFESSIONAL EXPERIENCE:</b> (Add additional sheet if necessary).				
<b>FROM</b>	<b>TO</b>	<b>EMPLOYER</b>	<b>POSITION</b>	<b>DUTIES</b>

*I hereby certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.*

**Faculty Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**11. TEACHING EXPERIENCE: (FOR DIRECTORS, ASSISTANT DIRECTORS AND NURSING INSTRUCTORS ONLY. *List experience within the past five years in an accredited/approved school of vocational/practical nursing, psychiatric technician program, or registered nursing program*).**

FROM	TO	NAME OF AGENCY & LOCATION	POSITION	DUTIES

**12. FOR DIRECTORS OR ASSISTANT DIRECTORS ONLY:**

Verification of completion of the following courses:

☐ ADMINISTRATION

☐ TEACHING

☐ CURRICULUM DEVELOPMENT

ADDITIONAL REQUIREMENTS: Copy of Certificate or Applicant's transcript from an accredited institution. If the course content cannot be clearly identified, please submit a copy of a catalog course description. {California Code of Regulations (CCR), Section 2529 (c)(1) - Director qualifications; Section 2529 (c)(2) - Assistant Director qualifications (VN Program); Section 2584 (c)(1) - Director qualifications; Section 2584(c)(2) - Assistant Director qualifications (PT Program)}

**13. FOR TEACHING ASSISTANTS ONLY:**

Identify the proposed teaching responsibilities within the program:

**14. FOR ADDITIONAL FACULTY ONLY:**

The Program Director, by completing this section, has verified that the applicant's qualification meets the Board's regulatory requirements for additional faculty (see notation below). The courses which will be taught by the additional faculty are:

☐ Anatomy & Physiology

☐ Pharmacology

☐ Normal Growth & Development

☐ Psychology

☐ Nutrition

The additional faculty applicant is not required to sign this form. However, the PROGRAM DIRECTOR **MUST** ensure that the applicant meets the requirements specified under Item 8, Teaching Credential information.

**NOTE:** Persons who have the qualifications to teach in a community college or a state university in California or hold a baccalaureate degree in the field related to the curriculum content taught, or meet the requirements for a vocational education credential may teach curriculum content as specified in the California Code of Regulations, Section 2533 (e) of the VN Practice Act and Section 2587 (e) of the PT Law {CCR, Section 2529(c)(4) and Section 2584(c)(4)}.





## CLINICAL FACILITY APPROVAL APPLICATION

**SCHOOL NAME:** \_\_\_\_\_ **VN or PT (Circle one)**

SUBMIT FORM IN DUPLICATE PRIOR TO USE OF FACILITY. This information is required under Business and Professions Code, Division 2. All information requested is mandatory. Failure to provide this information will result in the application being rejected as incomplete.

FOR BOARD USE ONLY

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE FACILITY (ITEMS 1-11), REVIEWED (ITEMS 12-15), SIGNED, THEN RETURNED TO THE SCHOOL DIRECTOR REQUESTING AFFILIATION.**

<b>1. NAME OF FACILITY:</b>						
<b>2. ADDRESS:</b> _____						
<b>CITY:</b> _____		<b>STATE:</b> _____		<b>ZIP</b> _____		
<b>TELEPHONE #:</b> _____			<b>FAX #:</b> _____			
(Area Code)			(Area Code)			
<b>EMAIL ADDRESS:</b> _____						
<b>3. NAME OF ADMINISTRATOR:</b>				<b>4. NAME OF DIRECTOR:</b>		
<b>5. NAME OF FACILITY STUDENT PLACEMENT COORDINATOR:</b>						
<b>6. TYPE OF FACILITY:</b>				<b>7. LICENSE STATUS (check one):</b> <input type="checkbox"/> Licensed <input type="checkbox"/> Certified		
<b>8. CLIENT POPULATION:</b> <input type="checkbox"/> Adults <input type="checkbox"/> Peds <input type="checkbox"/> Adults/Peds <input type="checkbox"/> Geriatrics				<b>9. AVERAGE DAILY CENSUS FOR FACILITY:</b>		
<b>10. INDICATE THE UNITS/SERVICES (OB, Med Surg, Peds, etc.) AVAILABLE TO THIS SCHOOL, THE AVERAGE DAILY CENSUS FOR EACH, AND THE MAXIMUM NUMBER OF STUDENTS FROM THIS SCHOOL THAT EACH UNIT CAN ACCOMMODATE.</b>						
UNITS/SERVICES						
Average daily census for unit/services						
# of students possible per unit/services						
<b>11. PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>						
<b>A. Were the students' clinical objectives given to you for review?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. Are the students' clinical objectives achievable in your agency?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. What is the instructor/student ratio permitted by your facility? Ratio is _____ instructors to _____ students</b>						
<b>D. Will the instructor(s) have an orientation to your facility?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. Is the instructor free to make assignments which correlate with current theory classes, including medications, treatments, use of equipment and charting?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. Is the instructor free to move students to areas where immediate, pertinent learning is available (even with short notice)?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G. Is adequate space available for classes and conferences?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H. Is this space available for uninterrupted use by students and faculty?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what other arrangements have been made?						
*See page 2 for Facility Signature.						

THIS SECTION TO BE COMPLETED BY THE SCHOOL DIRECTOR (ITEMS 12-15).

**12. THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH LEVEL OF STUDENT.  
IF THE CLINICAL EXPERIENCE IS A SATELLITE SITE, CHECK THIS BOX ☐**

- LENGTH OF ROTATION PER STUDENT \_\_\_\_\_.

A. Level of Student				
B. Starting Date				
C. Unit/Services				
D. Number of Students				
E. Days of Week				
F. Time of Day				
G. Total Hours per Week				
H. Pre-Conference Days & Times				
I. Post-Conference Days & Times				
J. Instructor on Site List Days & Times	Days Times			

13. ☐ ATTACH CLINICAL OBJECTIVES FOR EACH STUDENT LEVEL  
☐ ATTACH PLAN FOR FACULTY ORIENTATION TO FACILITY

**14. PLEASE ANSWER THE FOLLOWING QUESTIONS. DID YOU DISCUSS WITH THE FACILITY:**

- |  |  |
|--|--|
| A. Specific nursing care and procedures which the objectives require?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Student learning needs and experiences?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Students' course description and clinical objectives?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. The scheduling of conference rooms?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. The facility's documentation and charting methodology?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. The facility's policies and procedures relative to student placement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. The location of emergency and non-emergency equipment?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Emergency and non-emergency procedures?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**15. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.**

School Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Director's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

This signature confirms that I have reviewed the contents of this form.

FACILITY Director's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR BOARD USE ONLY**

Board Action: Spoke with \_\_\_\_\_ ☐ Approved ☐ Denied

Comments:

Board Consultant's Signature:

Date: